

## EXHIBIT D

Messenger Second-Fifth Grade IEP Documents

**Provo School District  
Special Education Services  
Parental Prior Notice**

Sp.Ed. 11  
Aug. 89

Re: Bryan Messenger  
Student's Name

Date: 9-21-89

Dear Mr. + Mrs. Messenger,

## The Canyon Crest

Special Education Multidisciplinary team is considering the following action(s) checked below:

- Referral for Evaluation
- Evaluating the student's special needs
- Determining the student's eligibility for special education services
- A change in Special Education service delivery

  

- Developing an Individualized Education Program for the student
- Reviewing or revising the student's Individualized Education Program
- Re-evaluating the student's need for continued special education services
- A change in classification for receiving special education services

1. This action is being proposed because of:

Academic Concerns     Speech/Language Concerns     Behavior Concerns     Health Concerns     Program Planning  
 Continued Eligibility to receive special education services     Other \_\_\_\_\_

2. Prior to this proposal, the following options were attempted and rejected:

Student and Parent Conferences     Academic Adjustments and tracking     Schedule/Teacher Change     Tutoring  
 School Disciplinary Actions     Not Applicable     Other \_\_\_\_\_

3. The above listed options were rejected because:

Concerns expressed in item 1 continue to exist     Not Applicable     Other \_\_\_\_\_

4. The action proposed above is based on the following evaluation procedures, tests, or records, or reports:

Teacher Observation and Records     Achievement Test Scores     Curriculum Based Assessment  
 Multidisciplinary Team Report     Not Applicable     Other psy. testing

5. Other factors relevant to the action proposed above are:

Parent Concern     Student Concern     None     Other

Your assistance is requested to:

- Sign and return the permission to test form. (Tests to be used as noted on the form.)
- Complete the enclosed \_\_\_\_\_ and return it to us.
- Arrange to meet with the team to discuss the above proposed action, as described below.

## **Proposed Meeting Arrangements**

Monday

# Canyon Crest

Date: Sept. 25, 1989 Time: 3:00 pm. We will be meeting at: psychologists office

Arrange to meet with the team to discuss the above proposed action, as described below.

At the present time we anticipate that Mrs. Bliss, Mrs. Holbrook, Miss Thompson, \_\_\_\_\_, \_\_\_\_\_ will be meeting with us. Please let us know if this is a convenient time for you so that we can finalize the plans for the meeting. If you wish to have someone else attend with you, you may do so.

Please call Tresa Wallis  
Person's Name at 314-4995  
Phone Number between the hours of 8:30 and 4:00 if  
you have any questions about the information provided above.

A copy of Parent Rights is enclosed. Please read them carefully. We will review these with you when we meet.

Sincerely,

**Provo School District  
Special Education Services  
Parental Prior Notice**

Sp.Ed. 11  
Aug. 89

Re: Bryan Messenger  
Student's Name

Date: 9-5-89

Dear Mr. & Mrs. Messenger,

The Canyon Crest

Special Education Multidisciplinary team is considering the following action(s) checked below:

<input checked="" type="checkbox"/> Referral for Evaluation <input checked="" type="checkbox"/> Evaluating the student's special needs <input checked="" type="checkbox"/> Determining the student's eligibility for special education services <input type="checkbox"/> A change in Special Education service delivery	<input type="checkbox"/> Developing an Individualized Education Program for the student <input type="checkbox"/> Reviewing or revising the student's Individualized Education Program <input type="checkbox"/> Re-evaluating the student's need for continued special education services <input type="checkbox"/> A change in classification for receiving special education services <input type="checkbox"/> Other _____
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1. This action is being proposed because of:

<input checked="" type="checkbox"/> Academic Concerns <input type="checkbox"/> Continued Eligibility to receive special education services	<input type="checkbox"/> Speech/Language Concerns <input type="checkbox"/> Not Applicable	<input checked="" type="checkbox"/> <i>attention span</i> <input type="checkbox"/> Other _____	<input type="checkbox"/> Behavior Concerns <input type="checkbox"/> Other _____	<input type="checkbox"/> Health Concerns <input type="checkbox"/> Other _____	<input type="checkbox"/> Program Planning
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2. Prior to this proposal, the following options were attempted and rejected:

<input type="checkbox"/> Student and Parent Conferences <input type="checkbox"/> School Disciplinary Actions	<input type="checkbox"/> Academic Adjustments and tracking <input checked="" type="checkbox"/> Not Applicable	<input type="checkbox"/> Schedule/Teacher Change <input type="checkbox"/> Other _____	<input type="checkbox"/> Tutoring
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3. The above listed options were rejected because:

<input type="checkbox"/> Concerns expressed in item 1 continue to exist	<input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Other _____
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4. The action proposed above is based on the following evaluation procedures, tests, or records, or reports:

<input type="checkbox"/> Teacher Observation and Records <input type="checkbox"/> Multidisciplinary Team Report	<input type="checkbox"/> Achievement Test Scores <input checked="" type="checkbox"/> Not Applicable	<input type="checkbox"/> Curriculum Based Assessment <input type="checkbox"/> Other _____
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5. Other factors relevant to the action proposed above are:

<input checked="" type="checkbox"/> Parent Concern	<input type="checkbox"/> Student Concern	<input type="checkbox"/> None	<input type="checkbox"/> Other _____
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Your assistance is requested to:  Sign and return the permission to test form. (Tests to be used as noted on the form.)  
 Complete the enclosed \_\_\_\_\_ and return it to us.  
 Arrange to meet with the team to discuss the above proposed action, as described below.

#### Proposed Meeting Arrangements

Date: \_\_\_\_\_ Time: \_\_\_\_\_ We will be meeting at: \_\_\_\_\_

At the present time we anticipate that \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ will be meeting with us. Please let us know if this is a convenient time for you so that we can finalize the plans for the meeting. If you wish to have someone else attend with you, you may do so.

Please call Tresa Wallis at 374-4995 between the hours of 9:00 and 3:00 if you have any questions about the information provided above.

A copy of Parent Rights is enclosed. Please read them carefully. We will review these with you when we meet.

Sincerely,

*Tresa J. Wallis*

PROVO SCHOOL DISTRICT  
Provo, Utah 84604I. E. P.  
GOALS AND OBJECTIVESSp.Ed. 5c  
Aug. 89

Student Name: Bryan Messenger School: Canyon Crest Date: 9-28-89  
 Annual Goal: Bryan will improve reading fluency.

Person Responsible: Tresa Wallis

If service is provided less than daily complete the following:

Circle days served:

M T W R F

Duration of service session (hrs./mins.):

## Short Term Objectives: (Minimum of 2)

- 1- Bryan will use phonics to decode words as measured by 80% accuracy on skill lesson informal tests at least 3 times a week and mastery tests as scheduled.
- 2- Bryan will read selected passages from the assigned basal text with 80% accuracy as measured by individual pupil/teacher or aide conference at least 3 times a week.
- 3- Bryan will increase his reading rate of Dolch phrases as measured by 2 min. timings at least 3 times a week.

## Evaluation/Data Collection Procedure (Indicate at least 1)

Observation (include frequency)

Informal Assessment (method)

Formal Assessment (test)

modified PT timings conference with teacher or aide, informal phonics tests

## Quarterly Review of Short Term Objectives

	1st	2nd	3rd	4th
Date Reviewed	10-25-89	1-12-90	3-21-90	5-25-90
Goal Met, Progress Made, No Change	Progress made	Progress made	Progress made	Progress made
Comments/Results:	From 12 to 20 1 20 to 30 Phonic words Completed 2 pre-primer	20 phonic tests Completed 3rd pre-primer, lacks 1 story to complete	Completed Sunshine(1) test and 9 stories in Sunshine(1) test.	#1 passed 20 phonic tests #2 Completed Sunshine(1) test + mombeam(1 2) test + mombeam(1 2) test. 5 stories in Skylight test.

Dolch, rate page 1 Completed Dolch page 1 Completed (36 to 72 words)  
 White copy retained in blue folder, yellow for school use, pink copy for parent or student. \*\*\*  
 & is working on page 2 Page 2, 3, 4 of Dolch  
 phrases and is working on page 5. #3 Goal met!  
 Passed off all 5 pages.

PROVO SCHOOL DISTRICT  
Provo, Utah 84604I. E. P.  
GOALS AND OBJECTIVESSp.Ed. 5c  
Aug. 89

Student Name: Bryan messenger School: Canyon Crest Date: 9-28-89  
 Annual Goal: Bryan will increase written language skills.

Person Responsible: Tresa Wallis

If service is provided less than daily complete the following:

Circle days served:

M	T	W	R	F

Duration of service session (hrs./mins.):

Short Term Objectives: (Minimum of 2)

1- Bryan will correctly spell words from the signs to sounds program with 80% accuracy as measured by lesson test at least 3 times a week.

2- Bryan will write <sup>selected</sup> letters in manuscript with 100% legibility as measured by daily work samples and bimonthly informal teacher made tests.

Evaluation/Data Collection Procedure (Indicate at least 1)

Observation (include frequency)

Informal Assessment (method)

spelling lesson tests, work samples, teacher grade tests.

Formal Assessment (test)

## Quarterly Review of Short Term Objectives

	1st	2nd	3rd	4th
Date Reviewed	10-25-89	1-12-90	3-21-90	5-25-90
Goal Met, Progress Made, No Change	Progress made	Progress made	Progress made	Progress made
Comments/Results:	#1 Passed 8 spelling tests #2 see writing samples	#1 Passed 20 spelling tests #2 See writing	#1 Passed 11 tests in spelling program #2 Good progress in cursive sample & check-ups writing test	#1 Passed Level I mostly 2nd 85% #2 Done very well on letter formation needs more work on fluency.

\*\*\* White copy retained in blue folder, yellow for school use, pink copy to parent or student. \*\*\*

ROVO SCHOOL DISTRICT  
Provo, Utah 84604I. E. P.  
GOALS AND OBJECTIVESSp.Ed. 5c  
Aug. 89

Student Name: Bryan Messenger School: Canyon Crest Date: 9-28-89  
 Annual Goal: Bryan will improve reading fluency.

Person Responsible: Tresa Wallis

If service is provided less than daily complete the following:

Circle days served:

M T W R F

Duration of service session (hrs./mins.):

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## Short Term Objectives: (Minimum of 2)

- 1- Bryan will use phonics to decode words as measured by 80% accuracy on skill lesson informal tests at least 3 times a week and mastery tests as scheduled.
- 2- Bryan will read selected passages from the assigned basal text with 80% accuracy as measured by individual pupil/teacher or aide conference at least 3 times a week.
- 3- Bryan will increase his reading rate of Dolch phrases as measured by 2 min. timings at least 3 times a week.

Evaluation/Data Collection Procedure (Indicate at least 1)

Observation (include frequency) \_\_\_\_\_

Informal Assessment (method) modified PT timings conference with teacher or aide, informal phonics tests

Formal Assessment (test) \_\_\_\_\_

## Quarterly Review of Short Term Objectives

	1st	2nd	3rd	4th
Date Reviewed	10-25-89	1-12-90	3-21-90	
Goal Met, Progress Made, No Change	Progress made from $\frac{1}{2}$ to $\frac{3}{5}$ Phonic words Completed 2 pre-primer	Progress made Completed (passed) 20 phonic tests Completed 3rd pre-primer, lacks 1 story to complete, left and 9 stories Dolch (1) test	Progress made Completed (passed) 21 phonic tests Completed Sunslind (1) Completed 1 story to complete, left and 9 stories in non-fiction (1 <sup>2</sup> ) test.	
Comments/Results:	Dolch, note page 1 completed (36 to 72 words)	Dolch page 1 completed in blue folder, yellow for school use, pink copy to parent or student.	Page 2, 3, 4 of Dolch phrases and is working	

ROVO SCHOOL DISTRICT  
Provo, Utah 84604I. E. P.  
GOALS AND OBJECTIVESSp.Ed. 5c  
Aug. 89

Student Name: Bryan Messenger School: Canyon Crest Date: 9-28-89  
 Annual Goal: Bryan will increase written language skills.

Person Responsible: Tresa Wallis

If service is provided less than daily complete the following:

Circle days served:

M

T

W

R

F

Duration of service session (hrs./mins.):

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## Short Term Objectives: (Minimum of 2)

- 1- Bryan will correctly spell words from the Signs to Sounds program with 80% accuracy as measured by lesson tests at least 3 times a week.
- 2- Bryan will write <sup>selected</sup> letters in manuscript with 100% legibility as measured by daily work samples and bi-monthly informal teacher made tests.

Evaluation/Data Collection Procedure (Indicate at least 1)

Observation (include frequency) \_\_\_\_\_

Informal Assessment (method) spelling lesson tests, work samples, teacher made tests.

Formal Assessment (test) \_\_\_\_\_

## Quarterly Review of Short Term Objectives

1st

2nd

3rd

4th

Date Reviewed <u>10-25-89</u>	<u>1-12-90</u>	<u>3-21-90</u>	
Goal Met, Progress Made, No Change <u>Progress mode</u>	<u>Progress mode</u>	<u>Progress mode</u>	
Comments/Results: <u>#1 Passed 8 spelling tests. # 2 see writing samples</u>	<u>#1 Passed 20 spelling tests. # 2 see writing</u>	<u>#1 Passed 11 tests in spelling program # 2. Good progress in cursive sample &amp; check-ups writing test</u>	

## RESOURCE—PROGRESS REPORT

Subjects in Resource: Reading, Spelling,  
Handwriting

Student: Bryan messenger  
 Date: 1989-90 School Year  
 Grade: 2 Teacher: Mrs. Wallie

IEP GoalsImprove Reading Fluency

1. Use phonics to decode words
2. Progress in assigned basal text
3. Increase reading rate of Dolch phrases
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

Quarterly Review of Short Term Objectives

1st

2nd

3rd

4th

Date Reviewed

10-25-89

1-12-90

Goal Met, Progress Made,  
No ChangeProgress  
madeProgress  
made  
(gross)

Comments/Results:

From 12 to 28  
phonetic words  
Completed 2  
pre-primerCompleted 120  
phonetic tests  
Completed 3rd  
pre-primer,  
Dolch 1 story toDolch rate page 1  
(36 to 72 words)  
Complete Sunshine(1)  
Text. Completed  
Dolch page 1 and is  
working on Dolch p. 2Increase Reading Comprehension Skills

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

Quarterly Review of Short Term Objectives

1st

2nd

3rd

4th

Date Reviewed

Goal Met, Progress Made,  
No Change

Comments/Results:

RESOURCE—PROGRESS REPORT

Subjects in Resource:

Reading, Spelling,  
HandwritingStudent: Bryan messenger  
Date: 1989-90 School Year  
Grade: 2 Teacher: Tresa WallisIEP GoalsProgress in Spelling — Signs for Sounds Spelling Program

## Quarterly Review of Short Term Objectives

	1st	2nd	3rd	4th
Date Reviewed	10-25-89	1-12-90		
Goal Met, Progress Made, No Change	Progress made	Progress made		
Comments/Results:	Passed 8 spelling tests	Passed 20 spelling tests		

Improve in Handwriting — D'Nealian manuscript

## Quarterly Review of Short Term Objectives

	1st	2nd	3rd	4th
Date Reviewed	10-25-89	1-12-90		
Goal Met, Progress Made, No Change	Making progress	Progress made		
Comments/Results:	See writing samples	See writing samples & check-up test		

Improve in Composition Skills

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

## Quarterly Review of Short Term Objectives

	1st	2nd	3rd	4th
Date Reviewed				
Goal Met, Progress Made, No Change				
Comments/Results:				

## RESOURCE—PROGRESS REPORT

Subjects in Resource:

Reading, Spelling,  
HandwritingStudent: Bryan Messenger  
Date: 1989-90 School Year  
Grade: 2 Teacher: Mrs. WallaceIEP GoalsImprove Reading Fluency

1. Use phonics to decode words
2. Progress in assigned basal text.
3. Increase reading rate of Dolch phrases
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

Quarterly Review of Short Term Objectives

	1st	2nd	3rd	4th
Date Reviewed	10-25-89			
Goal Met, Progress Made, No Change	Progress Made			
Comments/Results:	From $\frac{12}{50}$ to $\frac{20}{50}$ phonetic words Completed 2 pre-primers			

Dolch rate page 1  
(36 to 72 words)

Increase Reading Comprehension Skills

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

Quarterly Review of Short Term Objectives

	1st	2nd	3rd	4th
Date Reviewed				
Goal Met, Progress Made, No Change				
Comments/Results:				

RESOURCE—PROGRESS REPORT

Subjects in Resource: Reading, Spelling,  
HandwritingStudent: Brian messenger  
Date: 1980-90 School Year  
Grade: 2 Teacher: Mrs. WallisIEP GoalsProgress in Spelling — Signs for Sounds Spelling Program

## Quarterly Review of Short Term Objectives

	1st	2nd	3rd	4th
Date Reviewed	10-25-89			
Goal Met, Progress Made, No Change	Progress made			
Comments/Results:	Passed 8 spelling tests			

Improve in Handwriting — D'Nealian manuscript

## Quarterly Review of Short Term Objectives

	1st	2nd	3rd	4th
Date Reviewed	10-25-89			
Goal Met, Progress Made, No Change	Making progress			
Comments/Results:	See writing samples			

Improve in Composition Skills

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

## Quarterly Review of Short Term Objectives

	1st	2nd	3rd	4th
Date Reviewed				
Goal Met, Progress Made, No Change				
Comments/Results:				

PROVO SCHOOL DISTRICT  
Provo, Utah 84604Sp.Ed. 5a  
Aug. 89INDIVIDUALIZED EDUCATION PROGRAM  
(I.E.P.)

Student: Bryan Messenger Grade: 2 School: Canyon Crest  
 Birthdate: Nov. 4, 1981 Parent/Guardian/Surrogate: Jane Ann Messenger  
 Phone: 225-7847 Address: 4895 N. Edgewood Provo, UT Zip: 84644

Primary Classification: Learning DisabledIs there a secondary handicapping condition of  Yes  No  
Communicative Disorder present?

Amount of time served by Special Education weekly.

Hours: 8 Mins: 15Date Services Initiated: Oct. 2, 1989

Amount of time student will participate in the regular education program.

Duration of I.E.P.: 1 yearHours: 19 Mins.: 15

Related Services which are required for student to benefit from special education:

45 days  
3 x 4 days

## Statement of Student's Current Level of Educational Strengths and Weaknesses

Bryan has a good understanding of social studies and science concepts. He loves to listen to stories. He has good verbal skills i.e. can explain concepts. He is easily distractible at times. He is the pro-gester of low level reading and spelling.

My signature signifies that I have participated in the development of the goals outlined and that I understand and have received a copy of my parental rights.

Signatures

Date

 Parent  Guardian  Surrogate: Jane Ann Messenger 9-28-89 Parent  Guardian  Surrogate: \_\_\_\_\_LEA Representative: Karla M. Thompson 9-28-89Classroom Teacher: Taffeta L. Galt Cook 9-28-89Special Ed. Teacher: Gretta S. Wallis 9-28-89Counselor/Psychologist: Dale J. Blane 9-28-89

Speech/Lang./Hearing Specialist: \_\_\_\_\_

Student: \_\_\_\_\_

Other: \_\_\_\_\_

PROVO SCHOOL DISTRICT  
Provo, Utah 84604I. E. P.  
GOALS AND OBJECTIVESSp.Ed. 5c  
Aug. 89

Student Name: Bryan Messenger School: Canyon Crest Date: 9-28-89  
 Annual Goal: Bryan will improve reading fluency.

Person Responsible: Tresa Wallis

If service is provided less than daily complete the following:

Circle days served:

M      T      W      R      F

Duration of service session (hrs./mins.):

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## Short Term Objectives: (Minimum of 2)

- 1- Bryan will use phonics to decode words as measured by 80% accuracy on skill lesson informal tests at least 3 times a week and mastery tests as scheduled.
- 2- Bryan will read selected passages from the assigned book kept with 80% accuracy as measured by individual pupil / teacher or aide conference at least 3 times a week.
- 3- Bryan will increase his reading rate of Dolch phrases as measured by 2 min. timings at least 3 times a week.

Evaluation/Data Collection Procedure (Indicate at least 1)

Observation (include frequency) \_\_\_\_\_

Informal Assessment (method) modified PT timing conference withteacher or aide, informal phonics tests

Formal Assessment (test) \_\_\_\_\_

## Quarterly Review of Short Term Objectives

1st

2nd

3rd

4th

Date Reviewed	1st	2nd	3rd	4th
Goal Met, Progress Made, No Change				
Comments/Results:				

PROVO SCHOOL DISTRICT  
Provo, Utah 84604

I. E. P.  
GOALS AND OBJECTIVES

Sp.Ed. 5c  
Aug. 89

Student Name: Bryan messenger School: Canyon Crest Date: 9-28-89

Annual Goal: Bryan will increase written language skills.

Person Responsible: Mesa Wallis

If service is provided less than daily complete the following:

Circle days served:

M      T      W      R      F

Duration of service session (hrs./mins.):

--	--	--	--	--

**Short Term Objectives:** (Minimum of 2)

- 1 - Bryan will correctly spell words from the signs to sounds program with 80% accuracy as measured by lesson test at least 3 times a week.
- 2 - Bryan will write <sup>selected</sup> letters in manuscript with 100% legibility as measured by daily work samples and bimonthly informal teacher made tests.

**Evaluation/Data Collection Procedure** (Indicate at least 1)

Observation (include frequency) \_\_\_\_\_

Informal Assessment (method) \_\_\_\_\_

Formal Assessment (test) \_\_\_\_\_

**Quarterly Review of Short Term Objectives**

1st

2nd

3rd

4th

Date Reviewed			
Goal Met, Progress Made, No Change			
Comments/Results:			

PROVO SCHOOL DISTRICT  
Provo, Utah 84604Sp.Ed. 5a  
Aug. 89INDIVIDUALIZED EDUCATION PROGRAM  
(I.E.P.)

Student: Bryan Messengers Grade: 3 School: Canopy Creek  
 Birthdate: 12-4-81 Parent/Guardian/Surrogate: Jane Ann Messengers  
 Phone: 295-7847 Address: 4895 W Edgewood Zip: 84609

Primary Classification: Learning DisabledIs there a secondary handicapping condition of  Yes  No  
Communicative Disorder present?

Amount of time served by Special Education weekly.

Hours: 8 Mins.: 45Date Services Initiated: 10-4-90

Amount of time student will participate in the regular education program.

Duration of I.E.P.: 1 yr.Hours: 18 Mins.: 15

Related Services which are required for student to benefit from special education:

## Statement of Student's Current Level of Educational Strengths and Weaknesses

Extremely good natured and well mannered.  
 Participates in verbal presentations - social studies, science, humanities etc.  
 He has a positive attitude, and tries every assignment.

My signature signifies that I have participated in the development of the goals outlined and that I understand and have received a copy of my parental rights.

Signatures

Date

 Parent  Guardian  Surrogate: Jane Ann Messengers 10-4-90 Parent  Guardian  Surrogate: \_\_\_\_\_LEA Representative: Karla M. Thomas 10-4-90Classroom Teacher: Debra Hobbs 10-4-90Special Ed. Teacher: Jane Holt 10-4-90

Counselor/Psychologist: \_\_\_\_\_

Speech/Lang./Hearing Specialist: \_\_\_\_\_

Student: \_\_\_\_\_

Other: \_\_\_\_\_

**Provo School District  
Special Education Services  
Parental Prior Notice**

Sp.Ed. 11  
Aug. 89

Re: Bryan Messenger  
Student's Name

Date: Oct 1 1993

Dear Mr. & Mrs. Henderson,

The \_\_\_\_\_ Special Education Multidisciplinary team is considering the following action(s) checked below:

- Referral for Evaluation
- Evaluating the student's special needs
- Determining the student's eligibility for special education services
- A change in Special Education service delivery

- Developing an Individualized Education Program for the student
- Reviewing or revising the student's Individualized Education Program
- Re-evaluating the student's need for continued special education services
- A change in classification for receiving special education services
- Other \_\_\_\_\_

1. This action is being proposed because of:

Academic Concerns       Speech/Language Concerns       Behavior Concerns       Health Concerns       Program Planning  
 Continued Eligibility to receive special education services       Other

2. Prior to this proposal, the following options were attempted and rejected:

Student and Parent Conferences     Academic Adjustments and tracking     Schedule/Teacher Change     Tutoring  
 School Disciplinary Actions     Not Applicable     Other

3. The above listed options were rejected because:

Concerns expressed in item 1 continue to exist       Not Applicable       Other

4. The action proposed above is based on the following evaluation procedures, tests, or records, or reports:

Teacher Observation and Records     Achievement Test Scores     Curriculum Based Assessment  
 Multidisciplinary Team Report     Not Applicable     Other

5. Other factors relevant to the action proposed above are:

Parent Concern     Student Concern     None     Other

Your assistance is requested to:

- Sign and return the permission to test form. (Tests to be used as noted on the form.)
- Complete the enclosed \_\_\_\_\_ and return it to us.
- Arrange to meet with the team to discuss the above proposed action, as described below.

## **Proposed Meeting Arrangements**

Date: 10/14 Time: 11:30 We will be meeting at: Canyon View

At the present time we anticipate that Hrs. H.H., M., ,  
,  will be meeting with us. Please let us know if this is a convenient time  
for you so that we can finalize the plans for the meeting. If you wish to have someone else attend with you, you may do so.

Please call Shawna Kaley at 374-4995 between the hours of 9 and 3:30 if  
Person's Name Phone Number  
you have any questions about the information provided above.

A copy of Parent Rights is enclosed. Please read them carefully. We will review these with you when we meet.

Sincerely,

Sincerely,  
Louise Holt

PROVO SCHOOL DISTRICT  
Provo, Utah 84604I. E. P.  
GOALS AND OBJECTIVESSp.Ed. 5c  
Aug. 89

Student Name: Bryce Messenger School: Canyon Crest Date: 10-4-90  
 Annual Goal: Bryce will increase written language

Person Responsible: \_\_\_\_\_

If service is provided less than daily complete the following:

Circle days served:

M	T	W	R	F

Duration of service session (hrs./mins.):

## Short Term Objectives: (Minimum of 2)

1. Bryce will complete the 2nd level of sight words spelling words with 90% accuracy measured daily.
2. Bryce will practice the spelling words that correlate with the regular classroom reading series. He will spell the words at an 85% accuracy as measured by informal testing in resource.
3. Each spelling word will be written in a sentence. He will practice manuscript and cursive handwriting.

## Evaluation/Data Collection Procedure (Indicate at least 1)

Observation (include frequency) \_\_\_\_\_

Informal Assessment (method) Teacher made tests and daily written practice sheets.

Formal Assessment (test) \_\_\_\_\_

## Quarterly Review of Short Term Objectives

	1st	2nd	3rd	4th
Date Reviewed				
Goal Met, Progress Made, No Change				
Comments/Results:				

PROVO SCHOOL DISTRICT  
Provo, Utah 84604I. E. P.  
GOALS AND OBJECTIVESSp.Ed. 5c  
Aug. 89

Student Name: Bryan Messenger School: Canyon Crest Date: 10-4-90  
 Annual Goal: Bryan will improve his reading skills

Person Responsible: Louise Holt

If service is provided less than daily complete the following:

Circle days served:

M T W R F

Duration of service session (hrs./mins.):

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## Short Term Objectives: (Minimum of 2)

1. Read silently each morning for 12-15 min in resource.
2. Use the Rothmeier reading "Conquest in Reading" approach. He will achieve an 80% accuracy both in visual and auditory as measured by informal tests.
3. We will use Toliver's basal. Bryan will read passages & complete all skills lessons using the language mostly manipulative and timed word tests daily. He will achieve an 80% accuracy.
4. We will move into The McGraw Hill series as materials become available.

Evaluation/Data Collection Procedure (Indicate at least 1)

Observation (include frequency) \_\_\_\_\_

Informal Assessment (method) H.M. assessments - informal reading inventories & teacher made tests

Formal Assessment (test) \_\_\_\_\_

## Quarterly Review of Short Term Objectives

1st                    2nd                    3rd                    4th

Date Reviewed				
Goal Met, Progress Made, No Change				
Comments/Results:				

PROVO SCHOOL DISTRICT  
Provo, Utah 84604Sp.Ed.2  
Aug. 90

## PARENTAL PERMISSION FOR EVALUATION FORM

To the Parent(s) of: Bryant Messenger Date: Aug. 26, 1992  
 Student's Birthdate: 12/4/81 School: Canyon Crest Grade: 5

The purpose of this evaluation is to determine, by testing in several areas, your child's educational and/or social-emotional needs. The tests checked on the back of this form will be given by qualified personnel and will be in the student's primary language with an interpreter when appropriate. Evaluation procedures will be selected and administered free of racial and cultural bias to the greatest extent possible. No single test will be used as sole criterion for making determinations about your child. The evaluation may include individual testing in the areas indicated on the back, observations of the student in a group setting, parent interviews, teacher interviews, and/or a review of existing school records or reports.

As a parent, you are entitled to receive written notice and give written consent before the school initiates an evaluation of your child. If you disagree with the results of this evaluation, you may request an independent evaluation. Contact your local principal if you have questions.

Areas to be evaluated and specific tests which will be used are indicated on the back of this form.

If you have any questions concerning this evaluation, please contact the following person:

Name: Shawna Raby Position: Resource Phone: 221-9873

I DO hereby give my permission for the evaluation requested. I understand that all results will be kept confidential and reviewed with me.

Signature of Parent/Guardian/Surrogate

Date

I DO NOT hereby give my permission for the evaluation requested. I understand that this means my child will not be evaluated by special education for possible placement and service.

Signature of Parent/Guardian/Surrogate

Date

I have received prior notice of this action and I understand and have received a copy of my parental rights.

Initial of Parent/Guardian

Date

**Provo School District  
Special Education Services  
Parental Prior Notice**

Sp.Ed. 11  
Aug. 91

Re: \_\_\_\_\_  
*Student's Name*

Date: \_\_\_\_\_

Dear \_\_\_\_\_,

The \_\_\_\_\_ Special Education Multidisciplinary team is considering the following action(s) checked below:

<input type="checkbox"/> Referral for evaluation	<input type="checkbox"/> Developing an "Individualized Education Program" for the student
<input type="checkbox"/> Evaluating the student's special needs	<input type="checkbox"/> Reviewing or revising the student's "Individualized Education Program"
<input type="checkbox"/> Determining the student's eligibility for special education services	<input type="checkbox"/> Re-evaluating the student's need for continued special education services
<input type="checkbox"/> A change in special education service delivery	<input type="checkbox"/> A change in classification for receiving special education services
	<input type="checkbox"/> Other _____

1. This action is being proposed because of:

Academic concerns     Speech/language concerns     Behavior concerns     Health concerns     Program planning  
 Continued eligibility to receive special education services     Other \_\_\_\_\_

2. Prior to this proposal, the following options were attempted and rejected:

Student and parent conferences     Academic adjustments and tracking     Schedule/teacher change     Tutoring  
 School disciplinary actions     Not applicable     Other \_\_\_\_\_

3. The above listed options were rejected because:

Concerns expressed in item 1 continue to exist     Not applicable     Other \_\_\_\_\_

4. The action proposed above is based on the following evaluation procedures, tests, records, or reports:

Teacher observation and records     Achievement test scores     Curriculum based assessment  
 Multidisciplinary team report     Not applicable     Other \_\_\_\_\_

5. Other factors relevant to the action proposed above are:

Parent concern     Student concern     None     Other \_\_\_\_\_

Your assistance is requested to:     Sign and return the permission to test form. (Tests to be used as noted on the form.)  
 Complete the enclosed \_\_\_\_\_ and return it to us.  
 Arrange to meet with the team to discuss the above proposed action, as described below.

**Proposed Meeting Arrangements**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ We will be meeting at: \_\_\_\_\_

At the present time we anticipate that \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ will be meeting with us. Please let us know if this is a convenient time for you so that we can finalize the plans for the meeting. If you wish to have someone else attend with you, you may do so.

Please call \_\_\_\_\_ at \_\_\_\_\_ between the hours of \_\_\_\_\_ and \_\_\_\_\_ if you have any questions about the information provided above.

A copy of "Parent Rights" is enclosed. Please read it carefully. We will review this with you when we meet.

Sincerely,

PROVO SCHOOL DISTRICT  
Provo, Utah 84604Sp.Ed. 5a  
Aug. 89INDIVIDUALIZED EDUCATION PROGRAM  
(I.E.P.)

Student:	<u>Bryan Messenger</u>	Grade:	<u>6</u>	School:	<u>Canyon Crest</u>
Birthdate:	<u>12-14-81</u>	Parent/Guardian/Surrogate:			<u>Kent &amp; Jane Ann Messenger</u>
Phone:	<u>225-7847</u>	Address:		<u>79 W. 4500 N.</u>	
				Zip: <u>84604</u>	

Primary Classification: specific learning disabilityIs there a secondary handicapping condition of  Yes  No  
Communicative Disorder present?

Amount of time served by Special Education weekly.

Hours: 1 Mins.: 15Date Services Initiated: 9-14-93

Amount of time student will participate in the regular education program.

Duration of I.E.P.: 9-14-94Hours: 25 Mins.: 45

Related Services which are required for student to benefit from special education :

## Statement of Student's Current Level of Educational Strengths and Weaknesses

Writing score 5<sup>th</sup> grade - 72, incomplete 77, 86-term scores  
Does well in math, science, social studies  
Does not do independent reading

My signature signifies that I have participated in the development of the goals outlined and that I understand and have received a copy of my parental rights.

Signatures

Date

Parent  Guardian  Surrogate: Jane Ann Messenger 9/14/93

Parent  Guardian  Surrogate: \_\_\_\_\_

LEA Representative:

Rene L. Cunningham 9/14/93

Classroom Teacher:

Jeanne Labay 9/14/93

Special Ed. Teacher:

Jeanne Labay 9/14/93

Counselor/Psychologist:

\_\_\_\_\_

Speech/Lang./Hearing Specialist:

\_\_\_\_\_

Student:

\_\_\_\_\_

Other:

\_\_\_\_\_

PROVO SCHOOL DISTRICT  
Provo, Utah 84604

## I. E. P. GOALS AND OBJECTIVES

Sp.Ed. 5b  
Aug. 89

Student Name: Bryan Dusinger School: Canyon Crest Date: 4-14-93

Annual Goal: Bryan will improve his written language skills.

Person Responsible: Shawn Roby / René Cunningham

If service is provided less than daily complete the following:

Circle days served:

Duration of service session (hrs./mins.):

M	T	W	R	F
15 min.		—		

**Short Term Objectives:** (*Minimum of 2*)

- 1) Bryan will have access to a word processor to use for writing assignments.
- 2) Bryan will turn in assignments by due date.

Evaluation/Data Collection Procedure (*Indicate at least 1*)

Observation (include frequency) \_\_\_\_\_

Informal Assessment (*method*) teacher recorder

Formal Assessment (*test*) \_\_\_\_\_

## Quarterly Review of Short Term Objectives

2nd

3rd

4th

### Date Reviewed

## Goal Met, Progress Made, No Change

#### Comments/Results:


PROVO SCHOOL DISTRICT  
Provo, Utah 84604Sp.Ed. 5a  
Aug. 89INDIVIDUALIZED EDUCATION PROGRAM  
(I.E.P.)

Student: Bryon Messenger Grade: 5 School: Canyon Crest  
 Birthdate: 12-4-81 Parent/Guardian/Surrogate: Kent & Jane Ann Messenger  
 Phone: 225-7847 Address: 79 W. 4500 N. Zip: 84604

Primary Classification: Learning disability - written languageIs there a secondary handicapping condition of  Yes  No  
Communicative Disorder present?

Amount of time served by Special Education weekly.

Hours: 2 hrs. in class Mins.: \_\_\_\_\_Date Services Initiated: 10-5-92

Amount of time student will participate in the regular education program.

Duration of I.E.P.: 1 yearHours: 27 Mins.: \_\_\_\_\_

Related Services which are required for student to benefit from special education:

## Statement of Student's Current Level of Educational Strengths and Weaknesses

Good innate ability. High verbal score  
 Slow fine motor speed. Does not like writing  
 Social, athletic & musical abilities  
 Good math skills  
 Does well in class  
 Needs extra assistance in writing

My signature signifies that I have participated in the development of the goals outlined and that I understand and have received a copy of my parental rights.

Signatures

Date

 Parent  Guardian  Surrogate: Jane Ann Messenger 5 Oct. 92 Parent  Guardian  Surrogate: \_\_\_\_\_LEA Representative: S. J. Young 5 Oct. 92Classroom Teacher: Jackie Farnsworth 10-5-92Special Ed. Teacher: Sharon Raby 10-5-92

Counselor/Psychologist: \_\_\_\_\_

Speech/Lang./Hearing Specialist: \_\_\_\_\_

Student: \_\_\_\_\_

Other: \_\_\_\_\_

PROVO SCHOOL DISTRICT  
Provo, Utah 84604I. E. P.  
GOALS AND OBJECTIVESSp.Ed. 5b  
Aug. 89Student Name: Bryan Messenger School: Canyon Crest Date: 10-5-92Annual Goal: Bryan will improve his written language skillsPerson Responsible: Shawn Lacy / Vickie Farnsworth

If service is provided less than daily complete the following:

Circle days served:

M      T      W      R      F

Duration of service session (hrs./mins.):

30 min    4 x weekly

## Short Term Objectives: (Minimum of 2)

1) Bryan will complete written language assignments by due date.2) Bryan will use proof reading skills to edit his creative writing3) Bryan will use correct spelling, punctuation and usage in final copy of creative writing with 95% accuracy.

## Evaluation/Data Collection Procedure (Indicate at least 1)

Observation (include frequency) \_\_\_\_\_

Informal Assessment (method) writing portfolios

Formal Assessment (test) \_\_\_\_\_

## Quarterly Review of Short Term Objectives

1st

2nd

3rd

4th

Date Reviewed

Goal Met, Progress Made,  
No Change

Comments/Results:

1st	2nd	3rd	4th